
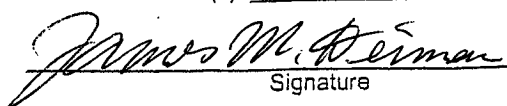


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 94-906CIP														
	In re Application of <b>Steven J. Eberbach</b>															
	Application Number <b>09/153,831</b> Filed <b>09/15/1998</b>															
	For <b>SURROUND SOUND LOUDSPEAKER SYSTEM</b>															
	Group Art Unit <b>2644</b>	Examiner <b>Ping Lee</b>														
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%;"><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td style="text-align: right;">\$ <u>450.00</u></td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td style="text-align: right;">\$ _____</td></tr></table> <p><input checked="" type="checkbox"/> Applicant is a small entity under 37 CFR 1.9 and 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$ <u>225.00</u>.</p> <p>A small entity statement under 37 CFR 1.27:</p> <table style="width: 100%;"><tr><td><input type="checkbox"/> is enclosed.</td><td style="text-align: right;">plus added claim fee for four dependent claims \$100.00 = \$325.00</td></tr><tr><td><input checked="" type="checkbox"/> has already been filed in this application.</td><td></td></tr></table> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____. I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> assignee of record of the entire interest. <b>10/21/2005 BABRAHA1 00000062 09153831</b></p> <p><input type="checkbox"/> applicant. <b>01 FC:2301 100.00 OP</b></p> <p><input checked="" type="checkbox"/> attorney or agent of record. <b>02 FC:2252 225.00 OP</b></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). _____</p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"><div style="text-align: center;"><u>10/19/2005</u> Date</div><div style="text-align: center;"> Signature <u>James M. Deimen</u> Typed or printed name</div></div>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____	<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ <u>450.00</u>	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____	<input type="checkbox"/> is enclosed.	plus added claim fee for four dependent claims \$100.00 = \$325.00	<input checked="" type="checkbox"/> has already been filed in this application.	
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